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## BIB DATA SHEET

CONFIRMATION NO. 7494

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/670,096	09/26/2000 RULE	<del>514</del> 424	1645	MSU 4.1-526
<b>APPLICANTS</b> Linda S. Mansfield, Bath, MI; Mary G. Rossano, Mason, MI; Alice J. Murphy, St. Johns, MI; Ruth A. Vrable, Williamston, MI;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/513,086 02/24/2000 PAT 7,419,668 which claims benefit of 60/152,193 09/02/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> ** SMALL ENTITY ** 11/30/2000				
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b>  MI	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>  5	<b>INDEPENDENT CLAIMS</b>  2
<b>ADDRESS</b>  IAN C. McLEOD, P.C. 2190 COMMONS PARKWAY OKEMOS, MI 48864 UNITED STATES				
<b>TITLE</b>  Vaccine to control equine protozoal myeloencephalitis in horses				
<b>FILING FEE RECEIVED</b>  690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	